Republican Precinct Board Form – 2015 Municipal Election

Submit to Republican Party Headquarters 47 S. Pennsylvania St., Suite 300

47 S. Pennsylvania St., Suit Indianapolis, IN 46204

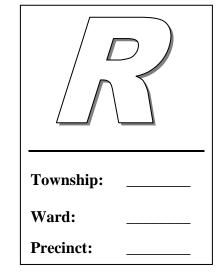
Phone: (317) 635-8881

Email: bryceacarpenter@gmail.com

Use this form to nominate your precinct election board members for the Nov. 3, 2015 Municipal Election.

*Reminders: Each person you nominate <u>must:</u>

- Be a registered voter in MARION County
- Give their name (no nicknames) and address as it appears at Voter Registration
- Show a Republican vote in the most recent primary if they have voted in a primary election
- Cast an absentee vote <u>if</u> they are serving in a precinct other than the one where they reside
- Not related to a candidate on the precinct's ballot



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JUDGE:	Full Name:	DOB://				
	Address: City & Zip:					
	Home Phone: Work Phone:	_ Cell Phone:				
	E-mail:					
~~~~~~	Driver's License Number:  (may substitute State ID Card or the last four digits of Social Security Number)					
	Recently Moved or Changed Name?: YES NO					
	If YES, please give former name and/or address:					
CLERK:	Full Name:	DOB:/				
	Address: City & Zip:					
	Home Phone: Work Phone:	Cell Phone:				
	E-mail:					
	Driver's License Number:  (may substitute State ID Card or the last four digits of Social Security Number)					
	Recently Moved or Changed Name?: YES NO					
	If YES, please give former name and/or address:					

## Republican Precinct Board Form – 2015 Municipal Election (page 2)

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## 2nd SHIFT POSITIONS

JUDGE:	Full Name:			DOB://	
	Address:	City & Zip:			
	Home Phone:	Work Phone:	Cell Phone: _		
	E-mail:				
	Driver's License Number	: (may substitute State ID Card or t	the last four digits of Soci	al Security Number)	
	Recently Moved or Changed Name?: YES NO				
~~~~~		er name and/or address:			
CLERK:	Full Name:			DOB://_	
	Address:		City & Zip:		
	Home Phone:	Work Phone:	Cell Phone:		
	E-mail:				
	Driver's License Number: (may substitute State ID Card or the last four digits of Social Security Number)				
	Recently Moved or Changed Name?: YES NO				
	If YES, please give former name and/or address:				
Submitted Da			~~~~~~~	~~~~~~	
Precinct Con	nmittee-Person:				
Home Phone	:	Cell Phone:			
Ward Chair-	Person:			_	
Home Phone	:	Cell Phone:			